

Taste US! Culinary Festival 2005 Participation Form

(Please send completed form **by March 1, 2005** to Roselynn Pucan-Meagor by e-mail at roselynn.pucan@usda.gov or by fax at 416 646 1389)

Name of Cooperator/Partner:			
Name of Contact Person:		Title:	
Address:			
City:	State:	Zip Code	e:
Telephone:	Fax:		
Email:			
Cooperator/Partner is:New-to-Export	New-to	-CanadaO	ld-to-Market
Current Cooperator Representation in Cana (If <u>yes</u> , please provide name and contact in	formation):	Yes	No
Please indicate the Taste US! Culinary participating in:			
Regional Cuisine Tasting Stations	(Regions to b	be showcased TBl	D)
Chef Competition (with local area	culinary scho	pols)	
New Product Showcase (Tabletop	display)		

Fo Fo O O O O O O O O O O O O O O O O O	tetail Grocery (consumer packaging) ood Service (Hotel, Restaurant and Institutional) ood Manufacturers (ingredient buyers) other (please specify): e one or all of the following categories to describe your products:
4) Choose Fi	e one or all of the following categories to describe your products:
Si	resh/Chilled Frozen helf Stable Bulk Other (please specify):
5) Objecti	ives in Canada (check all that apply): Very Important Important Less Important
b. Fir c. Fir d. Fir e. Fir f. Pro	nding National Sales Representation nding Regional Sales Representation nding/Expanding Direct Buyer Contacts nding/Expanding Licensee Contacts nding Joint Venture Partner oduct testing/ market research ther (please specify):
6) Who are	re your principal competitors in Canada?